

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV943706943US, in an envelope addressed to:

MS Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 13, 2007  
Date

Debra V. Wieser

Signature

22511

PATENT TRADEMARK OFFICE

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Form (1 page)  
Part 2 Copy of Notice (2 pages)  
Fee Transmittal (1 page)  
Payment by credit card; Form PTO-2038 is attached (1 page);  
charge \$130.00 to credit card  
Response to Notification of Missing Requirements (2 pages)  
Combined and Power of Attorney (3 pages)  
Return Receipt Postcard (1 page)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |    |                        |                        |
|--|----|------------------------|------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |    | Application Number     | 10/561,640-Conf. #6105 |
|  |    | Filing Date            | December 20, 2005      |
|  |    | First Named Inventor   | Dominic McCann         |
|  |    | Art Unit               | Not Yet Assigned       |
|  |    | Examiner Name          | Not Yet Assigned       |
| Total Number of Pages in This Submission   | 12 | Attorney Docket Number | 09244/021001           |

| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input checked="" type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication<br>to TC<br><br><input type="checkbox"/> Appeal Communication to Board of<br>Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>Identify below):<br><br>Part 2 Copy of Notice (2 pages)<br>Combined Declaration and Power<br>of Attorney (3 pages)<br>Certificate of Express Mailing (1<br>page)<br>Return Receipt Postcard (1 page) |
|  |   | <input type="checkbox"/> Remarks  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | OSHA · LIANG LLP  |          |        |
| Signature                                  |  |          |        |
| Printed name                               | T. Chyau Liang, Ph.D.   |          |        |
| Date                                       | March 13, 2007  | Reg. No. | 48,885 |

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

**Effective on 12/08/2004.**  
**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

**FEE TRANSMITTAL**  
**For FY 2007**

Applicant claims small entity status. See 37 CFR 1.27

|                                |      |        |
|--------------------------------|------|--------|
| <b>TOTAL AMOUNT OF PAYMENT</b> | (\$) | 130.00 |
|--------------------------------|------|--------|

**Complete if Known**

|                      |                        |
|----------------------|------------------------|
| Application Number   | 10/561,640-Conf. #6105 |
| Filing Date          | December 20, 2005      |
| First Named Inventor | Dominic McCann         |
| Examiner Name        | Not Yet Assigned       |
| Art Unit             | Not Yet Assigned       |
| Attorney Docket No.  | 09244/021001           |

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 50-0591    Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <b>Application Type</b> | <b>FILING FEES</b> |                              | <b>SEARCH FEES</b> |                              | <b>EXAMINATION FEES</b> |                              | <b>Fees Paid (\$)</b> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
|                         | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>         | <b>Small Entity Fee (\$)</b> |                       |
| Utility                 | 300                | 150                          | 500                | 250                          | 200                     | 100                          |                       |
| Design                  | 200                | 100                          | 100                | 50                           | 130                     | 65                           |                       |
| Plant                   | 200                | 100                          | 300                | 150                          | 160                     | 80                           |                       |
| Reissue                 | 300                | 150                          | 500                | 250                          | 600                     | 300                          |                       |
| Provisional             | 200                | 100                          | 0                  | 0                            | 0                       | 0                            |                       |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

| <b>Small Entity</b> |                 |
|---------------------|-----------------|
| <b>Fee (\$)</b>     | <b>Fee (\$)</b> |
| 50                  | 25              |
| 200                 | 100             |
| 360                 | 180             |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|--------------|----------|---------------|---------------------------|
| - =          | x            | =        |               |                           |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |  |
|---------------|--------------|----------|---------------|--|
| - =           | x            | =        |               |  |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | /50          | (round up to a whole number) x                   | =        |               |

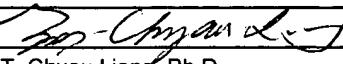
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration

130.00

**SUBMITTED BY**

|                   |   |                                      |        |           |                |
|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) | 48,885 | Telephone | (713) 228-8600 |
| Name (Print/Type) | T. Chyau Liang, Ph.D.   |                                      |        | Date      | March 13, 2007 |

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